

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034933

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1863 Primary Registration District No. 3000 Registrar's No. 316

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		c. CITY OR TOWN Kirksville	
Length of stay in 1b 6 mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION XXXXX Stickler Hosp.		d. STREET ADDRESS (If outside, give location) Route # 1	
3. NAME OF DECEASED (Type or print) First AURRA Middle C. Last EASLEY		4. DATE OF DEATH Month September Day 26 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Unmarried	8. DATE OF BIRTH 3/14/87
9. AGE (last birthday) 76		10. IF UNDER 1 YEAR Months 5 Days 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Adair County, Mo.		12. CITIZEN OF WHAT COUNTRY U S	
13a. FATHER'S NAME William Easley		13b. MOTHER'S MAIDEN NAME Ida Ricketts	
14. NAME OF HUSBAND OR WIFE Winnie Neadermiller		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT Winnie N. Easley, Kirksville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of prostate		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Paralysis agitans 350		5 yrs.	
DUE TO (c) Cerebral arteriosclerosis 334		5 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)-		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 10:45 p.m. Month, Day, Year Sept. 26, 1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Kirksville, Adair, Mo.		
21. I attended the deceased from April 22, 1963 to Sept. 26, 1963 and last saw him alive on Sept. 26, 1963 Death occurred at 10:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. Stickler MD (Degree or title)		22b. ADDRESS 107 E. Harrison, Kirksville, Mo.	
22c. DATE SIGNED 9/28/63		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Sept. 29/63	23c. NAME OF CEMETERY OR CREMATORY Maple Hill	23d. LOCATION (City, town, or county) (State) Kirksville, Adair, Mo.
24. FUNERAL DIRECTOR Foster Memorial Home, Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 29, 1963	
26. REGISTRAR'S SIGNATURE Doris W. Ratliff		27. REGISTRAR'S SIGNATURE	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

R.O. STICKLER, M.D.

The permit issued

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Nova E. Foster*
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirkville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.